K35A1426

PTO/SB/01A (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	SECONDARY ACTUATOR FOR NON-ACTIVE H	HM VIBRATION MODE BY SIMULTANEOUSLY DRIVING JEAD				
As the below name	ed inventor(s), I/we declare that:					
This declaration is o	directed to:					
1	The attached application, or					
	Application No.	, filed on				
	as amended on	(if applicable);				
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;						
I/ we have reviewed amended by any am	I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;					
applications, materia	I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.					
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.						
FULL NAME OF IN	VENTOR(S)					
Inventor one:	/IH-JEN DENNIS CHEN					
Signature:	for In D. Chen Cit	izen of: UNITED STATES				
Inventor two: JIA	ASHENG ZHU					
Signature:	Jin 3h cit	izen of: PR CHINA				
Inventor three: RC	DBERT J. MCNAB					
Signature:	the JN 161 Citi	zen of: UNITED STATES				
Inventor four:						
Signature:		zen of:				
☐ Additional inventors	are being named onaddition	onal form(s) attached hereto.				

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This lime will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box —

PTO/SE/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Palent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	UNKNOWN
Filing Date	HEREWITH
First Named Inventor	YIH-JEN DENNIS CHEN
Group Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	K35A1426

I hereby app	oint:				
OR	oners at Customer Num	35219			Place Customer Number Bar Code Label here
I —	Name Registration Number				
l					
l <u> </u>					
<u> </u>			+		
<u> </u>					
as my/our atto business in the	mey(s) or agent(s) to pree United States Patent a	rosecute the application and Trademark Office c	identi onnec	fied above, a ted therewith	and to transact all
ine above	the correspondence ad -mentioned Customer N	dress for the above-ide	ntified	application to	o:
OR					
Firm or Individual N	ame				
Address					
Address					
City			State		Zip
Country	<u> </u>				
Telephone			Fax		
	I am the: Applicant/inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
		E of Applicant or Assign			
Name	YIH-JEN DENNIS CHE				
Signature					
Date 3/29/04					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
☑ Total of 3	forms are submitted.				
rden Hour Statement: This			_		

PTO/S8/31 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	UNKNOWN			
Filing Date	HEREWITH			
First Named Inventor	YIH-JEN DENNIS CHEN			
Group Art Unit	UNKNOWN			
Examiner Name	UNKNOWN			
Attorney Docket Number	K35A1426			

I hereby app	oint:			
OR	oners at Customer Number	35219	□	Place Customer Number Bar Code Label here
	Name		Pagistrati	on Number
l 🗀			Registrati	on Number
_				
as my/our atto business in the	mey(s) or agent(s) to prosecu e United States Patent and Tra	te the application ide ademark Office cont	entified above, and the contract and the	nd to transact all
Please change The above OR	the correspondence address to the co	for the above-identif	ied application to	o:
Firm or Individual N	ame			
Address		-		
Address				
City		S	ate	Zip
Country				
Telephone		Fa	ax	-
I am the:				
Applican	nt/Inventor.			
		•		
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name	JIASHENG ZHU	production resignee	OI NECOIG	
Signature				
Date				
NOTE: Signatures of all forms if more than one	the inventors or assigness of record signature is required, see below*.	of the entire interest or t	heir representative(s) are required. Submit multiple
☐ Total of3forms are submitted,				
urdon Maus Constant	the coordinates,			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

PTO/S8/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	UNKNOWN		
Filing Date	HEREWITH		
First Named Inventor	YIH-JEN DENNIS CHEN		
Group Art Unit	UNKNOWN		
Examiner Name	UNKNOWN		
Attorney Docket Number	K35A1426		

Practitioners at Customer Number 35219 Place Customer Number Bar Code Label here Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name ROBERT J. MCNAB Signature J. M. M. Date 3/2 6/04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	I hereby app	oint:			· -
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address Address Address I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name ROBERT J. MCNAB Signature Date 3/2.6/04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below:	OR		35219]→	Number Bar Code
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address Address Address I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name ROBERT J. MCNAB Signature 3/2 6/04 Date 3/2 6/05 SIGNATURE of applicant interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	/ <u> </u>	Name		Registra	ation Number
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name ROBERT J. MCNAB Signature Date 3/26/04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representativa(s) are required. Submit multiple forms if more than one signature is required, see below.	! ⊢				Addit Hamber
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name ROBERT J. MCNAB Signature Date 3/26/04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representativa(s) are required. Submit multiple forms if more than one signature is required, see below.	l <u> </u>				
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name ROBERT J. MCNAB Signature Date 3/26/04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representativa(s) are required. Submit multiple forms if more than one signature is required, see below.	!				
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name ROBERT J. MCNAB Signature Date 3/26/04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representativa(s) are required. Submit multiple forms if more than one signature is required, see below.					
The above-mentioned Customer Number. OR Firm or Individual Name Address Address City Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name ROBERT J. MCNAB Signature JML JM JML Date 3/2 6/0 4 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	as my/our atto business in the	rney(s) or agent(s) to prosecut • United States Patent and Tra	te the application ideademark Office conf	entified above, nected therewit	and to transact all
Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name ROBERT J. MCNAB Signature All Mall Date 3/26/04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Please change The above	the correspondence address fi -mentioned Customer Number	or the above-identif	ied application	to:
Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name ROBERT J. MCNAB Signature All J M WA Date 3/2 6/0 4 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	OR				
Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name ROBERT J. MCNAB Signature 3/26/04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		ame			
City Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name ROBERT J. MCNAB Signature Date 3/26/04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name ROBERT J. MCNAB Signature Date 3/26/04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name ROBERT J. MCNAB Signature MINUM Date 3/26/04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		·	S	ate	Zip
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name ROBERT J. MCNAB Signature 3/26/04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name ROBERT J. MCNAB Signature Date 3/26/04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Telephone		Fa	ax	
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name ROBERT J. MCNAB Signature Date 3/26/04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name ROBERT J. MCNAB Signature JM VII Date 3/26/04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Applican	t/Inventor.			
Name ROBERT J. MCNAB Signature JWW Date 3/26/04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
Name ROBERT J. MCNAB Signature Date 3/26/04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
Date 3/26/04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Name				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Signature	Allo J M WI			
Demonstrate of the second seco					
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
	☑ *Total of 3				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.